

38550

Customer Number

JC06 Re PCT/PTO 19 MAY 2005 #3

Patent
Case No.: CGL01/0122US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: Tsobanakis, Paraskevas

Application No.: 10/509183

Group Art Unit:

Int'l Appl'n No.: PCT/US03/09095

Int'l Filing Date: 03/25/03

Title: METHODS OF MANUFACTURING DERIVATIVES OF BETA-HYDROXYCARBOXYLIC ACIDS

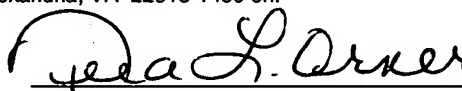
**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 USC § 371 IN THE UNITED STATES
DESIGNATED/ELECTED OFFICE (DO/EO/US)**

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

5/17/05
Date


Signed by: Teea L. Orner

Dear Sir:

This is in response to the Notification of Missing Requirements Under 35 USC § 371 in the United States Designated/Elected Office (DO/EO/US). A copy of this Notification is enclosed.

The Notification indicates that the oath or declaration is missing. Therefore, enclosed is an executed Declaration and Power of Attorney for the above-identified application.

Please charge the surcharge provided in 37 CFR § 1.492(e), and if necessary, charge any additional fees, or credit any overpayment to Deposit Account No. 50-2342.

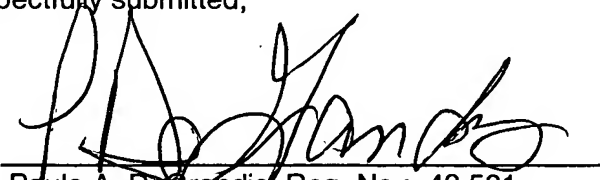
05/23/2005 MKAYPAGH 00000032 502342 10509183

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5/17/05
Date

Respectfully submitted,

By:


Paula A. DeGrandis, Reg. No.: 43,581
Telephone No.: (952) 742-5402

CARGILL, INCORPORATED
Law Department
P.O. Box 5624
Minneapolis, MN 55440-5624
Facsimile No.: (952) 742-6349

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/509183
		Filing Date	March 25, 2003
		First Named Inventor	Tsobanakis, Paraskevas
		Examiner Name	Unknown
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Unknown
TOTAL AMOUNT OF PAYMENT \$130.00		Attorney Docket No.	CGL01/0122US01

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-2342 Deposit Account Name: Cargill, Incorporated

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(s)	Fee(\$)	Small Entity Fee(s)	Fee(s)	Small Entity Fee(s)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(s)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee(\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 -20 or HP = _____ X 50 = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee(\$)** **Fee Paid (\$)**
 -3 or HP = _____ X 200 = _____

HP = highest number of independent claims paid for, if greater than 3.


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims **Extra Claims** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 -100= _____ /50 = _____ (round up to a whole number) x _____

4. OTHER FEE(S)

	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
<input checked="" type="checkbox"/> Other (e.g., late filing surcharge): Surcharge for providing declaration later than 30 months	\$130.00	\$130.00

SUBMITTED BY			
Signature		Registration No. 43,581 (Attorney/Agent)	Telephone (952) 742-5402
Name (Print/Type)	Paula A. DeGrandis	Date	May 17, 2005